

Effective on 12/08/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818)**FEE TRANSMITTAL**
For FY 2009**Complete if Known**

Application Number	10/710,998
Filing Date	August 16, 2004
First Named Inventor	Anand Shridhar Sawant, et al.
Examiner Name	Morrison, Jay A
Art Unit	2168
Attorney Docket No.	TI-36864

☐ Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT****\$540****METHOD OF PAYMENT** (check all that apply)☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____☒ **Deposit Account** Deposit Account Number: **20-0668** Deposit Account Name: **Texas Instruments Incorporated**

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ **Charge fee(s) indicated below** ☐ Charge fee(s) indicated below, except for the filing fee☒ **Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17** ☒ **Credit any overpayments****WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038****FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	330	165	540	270	220	105	_____
Design	220	110	100	50	140	70	_____
Plant	220	110	330	165	170	85	_____
Reissue	330	165	540	270	0	325	_____
Provisional	220	110	0	0	0	0	_____

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	52	26
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	220	110
Multiple dependent claims	390	195

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims
20	- 20 or HP = 0	X 52.00	= .00	Fee (\$)

HP = highest number of total claims paid for, if greater than 20

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
3	- 3 or HP = 0	X 220.00	= .00

HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
_____	- 100	/ 50 = _____ (round up to a whole number) x	.00	= _____

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other: Filing brief in support of an appeal**\$540****SUBMITTED BY**

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Name (Print/Type)	Ellen Baker Laws	Date	2010-03-12		